



The Science of Living Well

Los Alamos National Laboratory New Hire Benefits Orientation



Health



Vision



Dental



Wellness



Finance



Mental

Agenda



- Benefits Eligibility
- Forms
- Benefit Plans Review
- 401(k) Retirement Plan
- Important Dates
- Reminders
- Questions



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Benefits Eligibility

- Full Benefits
 - Regular, full and part time (50%) employees
- Limited Benefits
 - Casual status employees
- Assignments **not eligible** for LANL benefits:
 - High school co-op
 - Lab associate
 - Bargaining unit employee



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Acknowledgement Form



Acknowledgement of Receipt of Required Notices

I hereby acknowledge receipt of the documents listed below from the LANL Benefits Office. I further understand that I am responsible for reviewing the governing documents, including but not limited to the Summary Plan Description (SPD) and applicable benefit booklets.

1. HIPAA Special Enrollment Rights Notice
2. Health Insurance Marketplace Coverage Notice

Printed Name

Z#

Signature

Date

HIPAA Notice



HIPAA Special Enrollment Rights Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events.

If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. You must enroll and provide the required supporting documentation within 31 days of the date your other coverage ends.

In addition, you may be able to enroll yourself and your eligible dependents if you have a qualifying life event (e.g. change in your marital status, birth or adoption of a child, death of dependent or change in employment status.) You must enroll and provide the applicable required supporting documentation within 31 days of the qualifying life event.

For additional information regarding your rights under HIPAA, please visit the US Department of Labor website at the link below.

Health Insurance Exchange Notice



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.


How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.


¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Casual Employees Limited Benefits Summary



Los Alamos National Laboratory (LANL) HDHP Plan Summary Sheet

Medical Coverage
LANL offers the Blue Cross Blue Shield of New Mexico High Deductible Health Plan to employees actively working in an eligible casual status appointment. This plan offers consumers the flexibility to select the providers that offer the best value for covered services. The HDHP works like car insurance, the higher your deductible, the lower your premium. And like car insurance, you pay all the eligible expenses until your deductible is met.



2017 Medical Plan Design At-a-Glance		
	HDHP In-Network	HDHP Out-of-Network
Annual Deductible	\$1,500 Single \$3,000 Family	\$3,000 Single \$6,000 Family
Out of Pocket Max (OOP) (includes deductible)	\$3,000 Single \$6,000 Family	\$6,000 Single \$12,000 Family
Coinsurance	10% after deductible	40% after deductible
Office Visits Primary Care	10% after deductible	40% after deductible
Office Visits Specialist	10% after deductible	40% after deductible
Preventive Care	100% Covered	40% after deductible
Prescription Drug	20% after deductible	Not covered
Urgent Care	10% after deductible	40% after deductible
ER Facility Charges	10% after deductible	

A Word About The Annual HDHP Family Deductible & Out-of-Pocket Maximum
If you enroll more than just yourself in the HDHP, you will need to meet the full HDHP family deductible before any benefits are paid for anyone, including yourself and others you enroll. The HDHP out-of-pocket maximum works the same way; the full family out-of-pocket maximum must be met before it takes effect for any enrolled individual. As an example, someone in the HDHP with adult + children coverage must have \$6,000 as eligible in-network expenses before the out-of-pocket in-network maximum takes effect for any covered family member in that calendar year. Eligible expenses are the family deductible and out-of-pocket coinsurance expenses of one family member or all family members combined.

Casual Employees Limited Benefits Enrollment Form

NOTE: Use these buttons to print or save the form. DO NOT use the browser tool bar.

SAVE

PRINT



Casual/Benefits Eligibility Level Indicator (BELI6) Benefits Enrollment Form



The Science of Living Well

Return to LANL Benefits Office:
TA-3 Otowi BLDG. 261
2nd Floor, MS P 280 Fax: 505-665-2156

Section I: Employee Information

Name	Date of Birth	Social Security Number
Primary Address	Date of Hire	Z Number

Section II: Health and Welfare Benefit Elections

Please make your selections:

Plan	Level of Coverage
<input type="checkbox"/> Medical - HDHP	<input type="checkbox"/> Employee Only
<input type="checkbox"/> Waive Coverage	<input type="checkbox"/> Employee and Child(ren)
	<input type="checkbox"/> Employee and Spouse/Same-Sex Domestic Partner
	<input type="checkbox"/> Family

Section III: Eligible Dependents and Coverage Elections

Social Security Number	Name (Last, First, MI)	Gender	DOB	Relationship	Z Number (if applicable)

Terms and Conditions

By signing this form, I agree to the following Terms and Conditions: The Benefits Office reserves the right to request additional enrollment information, including but not limited to birth certificates, tax documentation, social security numbers, and any other information deemed necessary. The Benefits Office also reserves the right to cancel coverage for ineligible dependents in cases where enrollment is contrary to the LANS Health and Welfare Benefits Plan for Active Employees. It is my responsibility to verify my enrollment is correct, and any incorrect or missing enrollments must be identified to the Benefits Office in writing as soon as possible after discovery. I understand that by not completing this form completely or failing to include the necessary documentation may result in a delay in receiving benefit coverage.

Signature

Date

Casual Employees Limited Benefits Checklist

New Hire Limited Benefits Checklist

- ☐ Review the HDHP Plan Summary Sheet.
- ☐ Explore the new hire benefit website for comprehensive information on the LANL benefit plans at <http://www.lanl.gov/careers/employees-retirees/new-hires/benefit-options/index.php>.
- ☐ Attend the new hire benefit presentation on your date of hire.
- ☐ Submit your completed enrollment form and required supporting documentation, if applicable, to the Benefits Office within 31 calendar days of your hire date. Forms submitted without supporting documentation will not be accepted.
- ☐ Update your emergency contact(s) in Oracle LANL Worker Self Service. If a contact is not listed in Oracle, email the contact information to hr-desk@lanl.gov.
- ☐ Review your 401(k) account information and designate beneficiaries through Fidelity Net Benefits at <https://netbenefits.fidelity.com/>. Note: you must wait at least 10 business days from your hire date to access your 401(k) plan. Note: Employees on Regular, Term, Post-Doc, GRA, and Post-Bac assignments working full-time, part-time or casual status are eligible to participate in the 401(k) Retirement Plan. Employees eligible for the 401(k) plan will be auto-enrolled with a 6% contribution 31 calendar days from the date of hire if no action has been taken within the 31 day period.
- ☐ Contact the Benefits Office for assistance with coordination of coverage if you are currently covered in a LANL sponsored plan, including the retiree plans.

Note: LANL plan rules do not allow duplicate coverage. This means you may not be covered in any LANL sponsored benefit plan as an employee and as an eligible family member of another LANL employee or retiree at the same time. Family members of LANL employees may not be covered by more than one employee. For example, if a husband and wife both work for LANL, their children may not be covered by both spouses.

Contact Information

Website: www.lanl.gov/careers/employees-retirees/new-hires/benefit-options/
Email: benefits@lanl.gov
Phone: (505) 667-1806

Full Benefit Plans Options

- Medical –
 - PPO – Optional Flexible Spending Account
 - HDHP – Optional Health Savings Account
- Dental Plan
- Vision Plan
- Legal Plan
- Disability Plans
- AD&D
- Life
- 401(k)

Full Benefit Plans Summary



Los Alamos National Laboratory (LANL) Benefit Plans Summary Sheet

LANL offers employees a comprehensive benefits package with plans that cover our employee's health and welfare, retirement, financial, fitness and wellness needs.



Medical Coverage

LANL offers employees the choice between two medical plans through Blue Cross Blue Shield of New Mexico (BCBS). Both medical plans

offer free preventive care and in and out of network coverage from the same network of BCBS providers.

High Deductible Health Plan (HDHP) - This is a more flexible plan that gives consumers the ability to select the providers that offer the maximum value. This plan has higher annual deductibles but lower monthly premiums. This plan does not pay until after the annual deductible has been met; but, it meets the IRS requirements to qualify for the optional Health Savings Account (HSA) to set aside pre-tax dollars for eligible healthcare expenses to use towards the deductible.

Preferred Provider Organization (PPO) - is a traditional medical plan that has copays and co-insurance for covered services. This plan offers lower annual deductibles but a higher monthly premium.

Dental Coverage

LANL offers employees and their eligible dependents free dental coverage through Delta Dental of California. In addition to free preventive care, the plan offers both in and out of network coverage. The LANL dental plan is a PPO plan. Participants can select any Delta Dental provider; however, Delta PPO Providers offer the best value for covered services.

Legal Coverage

LANL employees can choose to enroll in legal coverage through ARAG. The plan offers affordable legal representation for a variety of situations. Plan members can also take advantage of these additional services offered: identity theft protection, credit monitoring services, D.I.Y. legal documents, and the ARAG online legal library.

Vision Coverage

LANL offers employees and their eligible dependents free vision coverage through Vision Service Plan (VSP). The LANL vision plan covers exams, contacts, lenses, and frames. Participants can use any provider but VSP network providers offer the best value and will file the claim paperwork for you.



Disability Coverage

LANL offers both Short-Term and Supplemental Disability for those times when life throws you a curve ball. These income protection plans will pay a percentage of your salary when you are unable to work due to illness or injury.

Basic Short-Term Disability

This coverage pays a weekly benefit of 60% of your eligible earnings up to \$800 per week for up to 6 months. The premiums for Short-Term Disability are paid by LANL. Eligible employees are automatically enrolled in this plan.

Supplemental Short-Term Disability

This coverage pays a weekly benefit of 70% of your eligible earnings up to \$2,500 per week for up to 6 months. The premiums for this coverage are based on your age and salary.

Long-Term Disability

The Long-Term Disability plan pays 50% of your salary to a maximum of \$10,000 a month after 6 months of disability to your Social Security Normal Retirement Age. The premiums for this coverage are based on your age and salary.

Important Information

The carrier allows new hires to enroll in Supplemental Disability at any waiting period without a Personal Health Application (PHA). Requests to enroll or decrease the waiting period after the new hire period of initial eligibility require a PHA review for evidence of insurability, which may be denied by the carrier.

Full Benefits Enrollment Form



Form 1751a

Benefits Enrollment Form

Return to Benefits Office:

TA-3 Otowi Bldg. 261

2nd Floor, MS P280

Fax: 505-665-2156

Section I: Employee Information

Employee Name	Z Number	Date of Qualifying Event
Mailing Address (New Hires or Change of Address Only)	City, State, Zip	Qualifying Event

Section II: Health and Welfare Benefits Enrollment

(Note: Employees must be eligible for the plan they are choosing. Employees may review eligibility requirements in the [LANS Summary Plan Description](#))

Medical

Type of Action (you **must** choose from the following):

- ☐ I am **selecting/changing** my medical coverage
- ☐ I am **canceling/declining** my medical coverage
- ☐ No change

Type of Enrollment (select only one):

- ☐ Employee Only
- ☐ Employee + Spouse/Same Sex Domestic Partner
- ☐ Employee + Family ☐ Modified Family (Employee + Children)

Medical Plan Options

Type of Enrollment (select only one):

- ☐ Blue Cross Blue Shield of New Mexico Preferred Provider Organization (PPO)
- ☐ Blue Cross Blue Shield of New Mexico High-Deductible Health Plan (HDHP)

Dental

Type of Action (you **must** choose from the following):

- ☐ I am **selecting/changing** my dental coverage
- ☐ I am **canceling/declining** my dental coverage

Vision

Type of Action (you **must** choose from the following):

- ☐ I am **selecting/changing** my vision coverage
- ☐ I am **canceling/declining** my vision coverage



At-A-Glance: Comparing PPO & HDHP Medical Programs

LANL/LANS 2017 BCBSNM-Administered Medical Programs: ACTIVE EMPLOYEES & NON-MEDICARE RETIREES

At-A-Glance: Comparing the 2017 PPO & HDHP Medical Programs

Medical Program Benefit Comparison	PPO Benefits & Cost Sharing		HDHP + HSA Benefits & Cost-Sharing	
	Preferred Provider (In-Network)	Nonpreferred Provider (Out-of-Network)	Preferred Provider (In-Network)	Nonpreferred Provider (Out-of-Network)
Calendar Year Deductible – All services are subject to deductible unless otherwise indicated below.	\$300 Individual \$900 Family	\$500 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
	Family deductible is an aggregate of three times the Individual amount. PPO and Non-PPO deductibles do NOT cross apply.		Family deductible is an aggregate of two times the Individual amount.	
Calendar Year Out-of-Pocket Limit – Does not include penalty amounts, if any, noncovered charges. Out-of-network inpatient facility copays, or amounts over the covered charges. Under PPO and HDHP programs, the PPO and Non-PPO amounts do not cross-apply. After a member (or family) reaches the applicable out-of-pocket limit, the Medical Program pays 100 percent of most of that member's (or family's) covered charges for the rest of the year.	\$3,000 Individual \$9,000 Family	\$6,000 Individual \$18,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
	Out-of-Pocket limit includes deductible, percentage coinsurance, copays, and drug plan copays; but does not include: out-of-network inpatient hospital copay or residential treatment center copay.		Out-of-Pocket limit includes deductible, percentage coinsurance and amounts paid by you under the drug plan.	
Lifetime Maximum Benefit Limit (per member)	Unlimited	Unlimited	Unlimited	Unlimited
Basic Hospital and Physician Services				
Primary Preferred Provider (PPP) Office Visit/Exam Charge (Nonroutine)	\$30/visit (deductible waived)	40% after deductible	10% after deductible	40% after deductible
Therapeutic injections and diagnostic tests; Office surgery and supplies; Allergy care; Family planning surgery and injections	10% after deductible	40% after deductible	10% after deductible	40% after deductible
Specialist Provider Office Visit/Exam Charge (Nonroutine)	\$45/visit (deductible waived)	40% after deductible	10% after deductible	40% after deductible
Therapeutic injections and diagnostic test; Office surgery and supplies; Allergy care; Family planning surgery and injections	10% after deductible	40% after deductible	10% after deductible	40% after deductible
Allergy Injections	No Charge	40% after deductible	10% after deductible	40% after deductible
Routine/Preventive Care (Includes exams, physicals, checkups, lab tests, immunizations, colonoscopies, etc.)				
Well-Baby (Through Age 2)	No Charge	40% (deductible waived)	No Charge	40% (deductible waived)
Well-Child (3-18)	No Charge	40% after deductible	No Charge	40% after deductible
Adult Physicals and Colonoscopies (Ages 19 and Older)	No Charge	40% after deductible	No Charge	40% after deductible
Lab, X-Ray, and other Testing	No Charge	40% after deductible	No Charge	40% after deductible
Inpatient Hospital Charges/Inpatient Surgery	10% after deductible	\$250 + 40% after deductible	10% after deductible	40% after deductible
Inpatient Physician Medical Visits/Consultation	No Charge	40% after deductible	10% after deductible	40% after deductible
Inpatient OB-GYN Maternity Delivery Global Fee	No Charge	40% after deductible	10% after deductible	40% after deductible
Outpatient Hospital/Ambulatory Surgery Center	10% after deductible	40% after deductible	10% after deductible	40% after deductible
Emergency Room Visit (Emergency condition only)	\$150/visit (deductible waived)		10% after In-Network deductible	
Physician and Other Professional Provider Charges	10% after In-Network deductible		10% after In-Network deductible	
Independent Lab/X-Ray Facility	10% after deductible	40% after deductible	10% after deductible	40% after deductible
Urgent Care Facility	\$30/visit (deductible waived)	40% after deductible	10% after deductible	40% after deductible
- Ancillary Services (Lab tests, X-Rays, Supplies, etc.)	10% after deductible	40% after deductible	10% after deductible	40% after deductible

Which Medical Plan Works Best for You?

Plan Highlights	PPO In-Network	HDHP In-Network
Annual Deductible	\$300 Single \$900 Family	<i>depends on coverage level selected</i> \$1,500 Single \$3,000 Family
Out of Pocket Max (OOP) (includes deductible)	\$3,000 Single \$9,000 Family	\$3,000 Single \$6,000 Family
Coinsurance	10% after deductible	10% after deductible
Office Visits Primary Care / Specialist	\$30 / \$45 Co-pay	10% after deductible
Preventive Care	100% Covered	100% Covered
Prescription Drugs	Retail: \$7/\$35/\$55 Mail Order (90-day supply): \$14/\$70/\$110 Specialty: 15% up to \$125	20% after deductible
Urgent Care	\$30 Co-pay	10% after deductible
ER Facility Charges	\$150 Co-pay (waived if admitted)	10% after deductible

Decision Support Tools

Use the Decision Support Tools to choose the best medical option for you!

[Premium Calculator](#)

[DecisionDirect Tool](#)

[Medical Expense Estimator](#)



From the LANL internal web site,
Select Employees > Benefits >
Health & Welfare > Medical >
Tools

Tax-Advantaged Plans



Health Savings Account (HDHP only)

- Interest-bearing or invest assets
- Balance rolls over
- Portable
- 2017 Annual limits \$3,450/\$6,800 (\$1,000 catch up for 55+)



Health Care Reimbursement Account (HCRA; PPO or waived medical only)

- Use-it-or-lose-it
- Immediately available
- 2017 Annual limit \$2,600



Tax-Advantaged Plans (Cont'd)

Dependent Care Reimbursement Account (DCRA)

- Child or adult daycare expenses
- Use-it-or-lose-it
- Pay as you go
- 2017 Annual limit \$2,500 or \$5,000



Adoption Assistance Expense Account (AAEA)

- Eligible costs and fees related to adoption
- Use-it-or-lose-it
- Pay as you go
- 2017 Annual limit \$13,570



Wellness



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STEP 1: Complete Health Assessment Questionnaire & Get Rewards

PPO		HDHP	
Primary Insured in LANL Health Plan	Eligible Spouse or Same-Sex Domestic Partner	Primary Insured in LANL Health Plan	Eligible Spouse or Same-Sex Domestic Partner
\$100	\$100	\$250	\$250
Deposited into a Health Care Account (HCA) with BCBSNM		Deposited into Primary Insured's Health Savings Account	

Reward for completing the Health Assessment Questionnaire is typically available the month after completion

To Access Live Chat: On the LANL internal home page, look at “Top Tools”, and click on Virgin Pulse: Join Now or visit www.virginpulse.com to sign up.

Wellness



STEP 2: Complete Program Activities & Get Rewards

1. Your GoZone measures your daily activity in steps. Wear it clipped to your waistband or pocket for the most accurate results. It's easy, quick and helps you earn rewards.

2. Participate in healthy activities – competitions, challenges, promotions, contests, health and safety classes, nutrition, etc.. – and log it into your *Member Site* online tracking center.

3. Monitor your progress and watch your Points and Rewards add up.

PPO

Primary Insured
in LANL Health Plan

Eligible Spouse or Same-Sex
Domestic Partner

up to \$100

up to \$100

Deposited in January 2018 to a Health Care Account (HCA) with BCBSNM

HDHP

Primary Insured
in LANL Health Plan

Eligible Spouse or Same-Sex
Domestic Partner

up to \$250

up to \$250

Deposited in January 2018 to Primary Insured Health Savings Account

Rewards accumulated in 2017 become available in January 2018

Dental

Comprehensive coverage for routine dental and orthodontic care

Plan Features *	In-Network or Non-Network
Annual Deductible	\$50 Individual
Annual Maximum	\$1,500 per person
Preventative Care (no deductible)	Covered in full, up to two visits a year
Basic Restoration (extractions, fillings)	80% (in-network) / 75% (out of network) after the deductible
Major Restoration (inlays, crowns)	50% after the deductible
Orthodontic	50% see Summary Plan Description (SPD) for lifetime maximums



LANL pays 100% of the premium for this benefit for you and your eligible dependents.

Vision

Comprehensive vision coverage with a nationwide network of providers.

Your Coverage with a VSP Doctor*		
Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness WellVision Exam every calendar year 	\$10
Prescription Glasses		\$25
Frame	<ul style="list-style-type: none"> \$180 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% off amount over your allowance Every other calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses
Lens Options	<ul style="list-style-type: none"> Tints/Photochromic adaptive lenses Polycarbonate lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year 	\$0 \$0 \$55 \$95 - \$105 \$150 - \$175
Contact Lenses		
Contacts (instead of exam and glasses)	<ul style="list-style-type: none"> \$180 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60



LANL pays 100% of the premium for this benefit for you and your eligible dependents.

Legal



Affordable legal representation with a comprehensive identity theft package.

Covered Service*	Network Attorney	Non-Network Attorney
Attorney Office Work		
Simple wills and simple trusts (including Power of Attorney)	Paid-in-Full	\$175
Domestic		
Uncontested divorce (for self use only)	Paid-in-Full	\$525
Adoption proceedings	Paid-in-Full	\$420
Consumer Protection		
Consumer protection (except for disputes over real estate/construction matters)	Paid-in-Full	\$350

The **identity theft package** includes credit monitoring, internet surveillance, child monitoring, lost wallet support service, identity theft restoration, and up to \$1 million in identity theft insurance. Plan participants must go to the [ARAG Legal Center website](#) to activate their identity theft benefits.

*Not a comprehensive list of covered benefits or limitations under the plan.

Basic Short-Term Disability

- Eligible employees are **automatically enrolled** in this plan
- Pays a weekly benefit of 60% of your base salary up to \$800 per week (reduced by other income)
- 7 day waiting period (must exhaust sick leave up to 26 weeks)
- Maximum benefit duration of 26 weeks
- **LANL pays 100% of the premium for this benefit**



Supplemental Short-Term Disability

- Pays a weekly benefit of 70% of your eligible earnings up to \$2,500
- 7 day waiting period (must exhaust sick leave up to 26 weeks)
- Maximum benefit duration of 26 weeks
- Premiums based on employee age and salary
- Employees will be automatically enrolled:
 - Option to opt out anytime;
 - Future enrollment will require evidence of insurability

NOTE: Premiums are paid for post-tax, benefit is tax-free



Long-Term Disability

- Pays a weekly benefit of the lesser of:
 - 50% of your base salary up to \$10,000 per month or
 - 70% of your base salary reduced by other income.
- Waiting period of 180 days (26 weeks)
- Pays up to Social Security Normal Retirement Age
- Premiums based on employee age and salary
- Employees will be automatically enrolled:
 - Option to opt out anytime;
 - Future enrollment will require evidence of insurability

NOTE: Premiums are paid for post-tax, benefit is tax-free



Accidental Death & Dismemberment

- Protects you and your family from unforeseen financial hardship due to an accident
- Coverage from \$10,000 to \$500,000
- Low group rates

Are you protected against the unexpected?



Life

Basic Life

- 1 times your annual salary, rounded up to next \$1,000
- Minimum of \$5,000 and a maximum of \$50,000
- Automatic enrollment
- **LANL pays 100% of the premium for eligible employees**

Supplemental Life

- Options from 1 to 5* times your annual earnings
- Guaranteed issue up to 3 times your salary

Dependent Life

- For eligible children and/or spouse/same-sex domestic partner
- Must enroll in Supplemental Life to enroll dependents
- Guaranteed issue up to \$50k for Spouse/\$10k for children

Business Travel Accident

- LANL pays for this coverage of up to \$100,000



IMPORTANT: Select your beneficiary!

Full Benefit Plan Premiums

2017 Semi-Monthly Premiums for Active Employees				
PPO	Single	Adult + Children	Two Adults	Family
Salary range less than or = \$40,000	\$53.50	\$96.00	\$112.00	\$154.50
\$40,001 to \$80,000	\$58.50	\$105.50	\$122.50	\$169.50
\$80,001 to \$120,000*	\$63.50	\$113.50	\$132.50	\$182.50
More than \$120,000	\$77.50	\$139.00	\$162.00	\$223.50
HDHP	Single	Adult + Children	Two Adults	Family
Salary range less than or = \$40,000	\$38.50	\$69.00	\$80.50	\$111.00
\$40,001 to \$80,000	\$42.50	\$75.50	\$88.50	\$121.50
\$80,001 to \$120,000*	\$45.50	\$81.00	\$95.00	\$131.00
More than \$120,000	\$55.50	\$99.50	\$116.50	\$160.00

2017 Semi-Monthly Premiums for Active Employees - Dental, Vision and Legal				
Plan	Single	Adult + Children	Two Adults	Family
Delta Dental	\$0.00	\$0.00	\$0.00	\$0.00
VSP Vision	\$0.00	\$0.00	\$0.00	\$0.00
ARAG Legal	\$5.55	\$7.62	\$7.62	\$8.32

*Eligible Dependents and Required Supporting Documentation

Legal Spouse (as defined under applicable state law)

- Must provide a copy of your marriage certificate; or
- Copy of signed Federal tax return, if filed jointly

Same-sex domestic partner

- Must meet the requirements of the LANS Declaration of Domestic Partnership (LANL Form 1925A)
- Qualified tax dependents require Declaration that Enrolled Dependent Meets IRS Requirement for Tax-Favored Health Premium Contributions (LANL Form 3027)

Child = natural, step, placed for adoption, adopted, or same-sex domestic partner's child*

- Must provide a copy of the Birth Certificate, proof of birth (if newborns), or adoption papers that list you as adoptive parent

* Qualified tax dependents require Declaration that Enrolled Dependent Meets IRS Requirement for Tax-Favored Health Premium Contributions (LANL Form 3027)

Legal ward

- Must provide a copy of the legal document granting custody; and
- Copy of your latest federal tax return
- Must meet the requirements of the Declaration of Legal Ward as Eligible Dependent (LANL form 3028)

Overage disabled child

- Must provide a copy of the Birth Certificate, proof of birth, or adoption papers that list you as adoptive parent
- Must be approved before the child reaches age of exclusion specified by each coverage or by the carrier during the Period of Initial Eligibility (PIE) for newly eligible employees
- Once eligible, continuous coverage under a LANL group benefit program must be maintained for the overage dependent; if coverage is dropped, coverage is no longer available

Supplemental Life Insurance



Supplemental Life	
Age Band	Rate per \$1,000 per Pay Period
<25	\$0.0095
25-29	\$0.0086
30-34	\$0.0103
35-39	\$0.0163
40-44	\$0.0262
45-49	\$0.0430
50-54	\$0.0959
55-59	\$0.1578
60-64	\$0.2399
65-69	\$0.3449
70-74	\$0.6295
75+	\$0.8858

How to calculate your semi-monthly premium:

Salary of \$102,000
Election of 3 times salary
50-year-old employee

Example:
\$102,000 x 3 = \$306,000
\$306,000 / 1,000 = 306
306 x .0959 = \$29.35 semi-monthly

Supplemental Life coverage greater than 3 times your annual earnings requires you must complete a Personal Health Application and submit it to The Hartford for approval. Email the LANL Benefits Office at benefits@lanl.gov to request a Personal Health Application. You may decrease coverage in your Supplemental Life Insurance at any time by submitting a completed [Benefits Enrollment Form \(1751a\)](#) to the LANL Benefits Office.

Dependent Life

You must be enrolled in Supplemental Life to enroll your eligible dependents in Dependent Life. The maximum amount your spouse can be enrolled in is half of the amount you elected for your supplemental life coverage.

Basic Dependent Life - \$5,000	
Spouse	\$1.0535
Child(ren)	\$0.0796
Expanded Dependent Life Child(ren) Only - \$10,000	
Child(ren)	\$0.1591

Expanded Dependent Life - Spouse (1/2 value of employee Supp. Life, up to \$200,000)	
Age Band	Rate per \$1,000 per Pay Period
<30	\$0.0146
30-34	\$0.0146
35-39	\$0.0172
40-44	\$0.0254
45-49	\$0.0409
50-54	\$0.0667
55-59	\$0.1170
60-64	\$0.1918
65-69	\$0.2795
70-74	\$0.4046
75+	\$0.7134

ADEA Reduction in Coverage Due to Age

Supplemental and Dependent Life Insurance coverage amounts for employees (and, if covered, spouses) age 65 and older will be reduced utilizing the Age Discrimination in Employment Act (ADEA) approved reduction schedule. This reduction will be effective at the beginning of the plan year once you attain the age indicated below. The age reduction will apply to the current coverage in force (which will include any imposed prior reductions).

401(k) Retirement Plan

Regular, Term, Post-Doc, GRA, and Post-Bac positions are eligible to participate in the 401(k) Retirement Plan.

- LANS will match dollar-for-dollar up to 6% of your eligible compensation (you can choose to contribute up to 75%, annual limits apply)
- Automatically enrolled with a 6% contribution after 31 calendar days
- Choose to contribute sooner by logging into your account, or opt out of auto enroll within 31 calendar days
- Non-elective employer Service-Based Contribution (Paid Annually)
 - 0-9 years of completed service: 3.5% contribution
 - 10-19 years of completed service: 4.5% contribution
 - 20+ years of completed service: 5.5% contribution

www.netbenefits.com



LANL will pay for both the administrative and recordkeeping fees on your account until balance is greater than \$25,000

LANS 401(k) Plan Design

LANS 401(K) Plan by Asset Classes on a Risk Reward Spectrum with Fees

Lower Risk

Higher Risk

Tier 1
Balanced

Retirement Income Fund; Target 2020; Target 2025; Target 2030; Target 2035; Target 2040; Target 2045; Target 2050; Target 2055; Target 2060; Target 2065

Tier 2
Passive

US Bond Index
Fund (Fees
0.05%)

S&P 500 Index
Fund (Fee
0.023%)

Small-Mid Cap
Index (Fee
0.052%)

International Equity
Index (Fee 0.10%)

Tier 3
Active

Core Plus Bond
Fund (Fee
0.37%)

Large Cap
Growth (Fee
0.40%)

Small-Mid Cap
Equity (Fee
0.71%)

International Equity
(Fee 0.58%)

Stable Value
(Bond) (Fee
0.20%)

Large Cap
Value (Fee
0.59%)

Self Directed Brokerage Account (Fees - Prevailing Rates)

Important Dates



LOS ALAMOS NATIONAL LABORATORY

Operated by Los Alamos National Security, LLC for the U.S. Department of Energy's NNSA


2017


JANUARY							FEBRUARY							MARCH							APRIL						
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7				1	2	3	4			1	2	3	4							1	
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11	2	3	4	5	6	7	8
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18	9	10	11	12	13	14	15
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25	16	17	18	19	20	21	22
29	30	31					26	27	28					26	27	28	29	30	31		23 30	24	25	26	27	28	29
MAY							JUNE							JULY							AUGUST						
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6					1	2	3						1				1	2	3	4	5
7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12
14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19
21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26
28	29	30	31				25	26	27	28	29	30		23 30	24 31	25	26	27	28	29	27	28	29	30	31		
SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
					1	2	1	2	3	4	5	6	7				1	2	3	4						1	2
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30			24 31	25	26	27	28	29	30

X = payday

[X] = holiday*

* If an employee has a scheduled day off on an observed holiday, the work day immediately before or following the holiday may be observed as the holiday, provided it falls in the same work week. Managers must approve scheduling the alternative holiday, based first on business considerations and second on employee preference.

 Early time collection due to Holiday
Only early time collection will be processed in 2017.

 Winter Closure

Full Benefits Checklist



New Hire Benefits Checklist

- ☐ Review LANL Benefit Plans Summary Sheet.
- ☐ Explore the new hire benefit website for comprehensive information on the LANL plans at <http://www.lanl.gov/careers/employees-retirees/new-hires/benefit-options/index.php>.
- ☐ Attend the new hire benefit presentation on your date of hire.
- ☐ Submit your completed enrollment form and required supporting documentation, if applicable, to the Benefits Office within 31 calendar days of your hire date. Forms submitted without supporting documentation will not be accepted.
- ☐ Submit a completed Universal Beneficiary Designation/Change Form (Form 1938) to designate beneficiaries for your AD&D and Life insurance(s).
- ☐ Update your emergency contact(s) in Oracle LANL Worker Self Service. Note: you must wait until after your benefit enrollments or beneficiary designations have been processed to view your contact options in Oracle LANL Worker Self Service. If a contact is not listed in Oracle, email the contact information to hr-desk@lanl.gov.
- ☐ Consider enrolling in the Wellness Program. The Virgin Pulse Wellness program is available to employees and their eligible spouses/same-sex domestic partners. Participants can earn incentives by completing program activities. For additional program information, visit the wellness website at <http://www.lanl.gov/careers/employees-retirees/new-hires/benefit-options/wellness-program.php>.
- ☐ Review your 401(k) account information and designate beneficiaries through Fidelity Net Benefits at <https://netbenefits.fidelity.com/>. Note: you must wait at least 10 business days from your hire date to access your 401(k) plan.
- ☐ Contact the Benefits Office for assistance with coordination of coverage if you are currently covered in a LANL sponsored plan, including the retiree plans.

Note: LANL plan rules do not allow duplicate coverage. This means you may not be covered in any LANL sponsored benefit plan as an employee and as an eligible family member of another LANL employee or retiree at the same time. Family members of LANL employees may not be covered by more than one employee. For example, if a husband and wife both work for LANL, their children may not be covered by both spouses.

Important Information

The carrier allows new hires to enroll in Supplemental Disability and Supplemental Life (up to three times annual salary) without a Personal Health Application (PHA). Requests to enroll or increase your coverage level after the new hire period of initial eligibility require a PHA review for evidence of insurability, which may be denied by the carrier.

Contact Information

Website: www.lanl.gov/careers/employees-retirees/new-hires/benefit-options/
Email: benefits@lanl.gov
Phone: (505) 667-1806

Full Benefits Enrollment Reminders



- Review Benefit Plans Summary Sheet
- Utilize the New Hire Benefits Checklist
- Review the new hire website
- Access decision support tools and premium calculator



- Choose the plans that best suit your needs
- Remember – no duplicate coverage, including retiree plans



- Enroll within **31** calendar days
- Supporting documentation to enroll dependents **MUST** accompany your Benefits Enrollment Form
- Hand in your **Acknowledgment of Receipt of Required Notices** form

Questions

- <http://int.lanl.gov/employees/benefits/index.shtml>
- Benefits@lanl.gov
- Phone 505-667-1806
- [Provider Contact Information](#)

